



Homelessness Reduction Act 2017 [Call for evidence](#)

Making Every Adult Matter

Making Every Adult Matter (MEAM) is a coalition of national charities – Clinks, Homeless Link, Mind and associate member Collective Voice. Together MEAM represents over 1,300 frontline organisations across England.

Working together we support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage. People facing multiple disadvantage experience homelessness alongside a combination of problems including substance misuse, contact with the criminal justice system and mental ill health.

Local services – usually designed to meet singular needs – can often fail to help individuals facing a combination of problems. Individuals fall through the gaps, making it harder for them to address their problems and lead fulfilling lives. Individuals facing multiple disadvantage are frequently homeless and struggle to access appropriate housing advice and accommodation.

Working together the MEAM coalition supports 39 local areas across England to develop effective, coordinated approaches to multiple disadvantage that can increase wellbeing, reduce costs to public services and improve people's lives. Twenty-seven of these areas are using the MEAM Approach and 12 are part of the National Lottery Community Fund's Fulfilling Lives programme. Both test new ways of ensuring that individuals experiencing multiple disadvantage receive joined-up and person-centred services which work for them.

Introduction

We are pleased to respond to this consultation on the Homelessness Reduction Act and welcome the government's commitment to monitoring the impact and effectiveness of the legislation.

This MEAM response is focused specifically on the impact of the HRA on people experiencing homelessness and multiple disadvantage. Our coalition partner, Homeless Link, has submitted a more detailed response covering homelessness more broadly, which we fully endorse.

To shape this response, we contacted all 39 local areas that we work with and asked them about the impact of the HRA on people facing multiple disadvantage over the past 18 months. Our response is a summary of the views of local programme leads and front line staff across those areas, gathered through survey responses and in-depth interviews¹.

Why focus on multiple disadvantage?

90% of people facing multiple disadvantage are single homeless². Despite this, their experiences of support under the HRA can easily be missed, as this group are often swept up into larger cohorts of people facing more straightforward housing issues.

There is a risk therefore that while the HRA might work successfully for general groups of people experiencing homelessness it could ultimately fail individuals facing multiple disadvantage, and end up exacerbating inequalities. It is therefore important for any review of the HRA to focus on the experiences of people facing multiple disadvantage.

¹ Note that the collated findings below do not represent the individual views of any one local area.

² [Hard Edges](#): Mapping Severe and Multiple Disadvantage in England. Lankelly Chase.

The structure of our response

We have broken our response into the four main issues highlighted through our research with local areas:

- Overall impact of the legislation on people experiencing multiple disadvantage (question 1)
- Duty to prevent and relieve homelessness (questions 3 and 4)
- Personalised housing plans (question 16)
- Duty to refer (questions 5,6,7 and 8).

Overall impact of the legislation on people experiencing multiple disadvantage. (Responding to question 1)

A majority of respondents believed that the HRA had had little or no impact on people facing multiple disadvantage, citing reasons which we discuss in the sections below.

These respondents felt that the Act had been a positive step forward for certain groups of people, particularly those at risk of homelessness with limited additional vulnerabilities. However, it was not necessarily helpful for those who are living chaotic lifestyles at risk of homelessness or *'those who have been homeless for a long time who have multiple other issues'* as it *'largely doesn't create anything new'* for this group.

People reported that although the preventative focus was welcome there had not been enough new provision and direction in the legislation for people experiencing entrenched housing need, or individuals with long term housing issues who are homeless or at risk of homelessness.

As a result, people experiencing multiple disadvantage and those supporting them continue to look outside statutory measures to try and access appropriate accommodation for this group. Additionally, *'they are so used to being knocked back that they don't see the point of going through the official ways'*.

This majority view was balanced by a large minority who had noted improvements in the cultures and practices of local authority services as a result of the HRA, which in turn had a positive impact on individuals facing multiple disadvantage.

It is important to note that across all the people we talked to nobody thought the legislation had made things worse for people experiencing multiple disadvantage.

Duty to prevent and relieve homelessness (Responding to questions 3 and 4)

(a) Current experience across local areas

The extension of the duty to prevent was seen as one of the most beneficial aspects of the HRA for people facing multiple disadvantage.

Our research found that in certain localities the duty was leading to more proactive and progressive steps being taken for single homeless people and that support from the local authority was much more likely to be given than prior to the legislation being enacted.

Some respondents suggested that the legislation has helped people facing multiple disadvantage get some form of support from the local authority even where they would otherwise be deemed non-priority and/or intentionally homeless. Others said that some local areas are now more willing/able to offer single homeless people facing multiple disadvantage temporary accommodation.

There was a view that the extension of the duty has:

'reframed the way the local council looks at single homelessness and strengthened the housing offer for them.'

'made the local authority more proactive in actively pursuing housing options whereas previously a person may have just had "advice" and some leaflets'.

'meant that there is some degree of accountability to take some sort of action'.

The extension of the duty has been regarded as beneficial by some local organisations because they now know that people experiencing multiple disadvantage can't be as easily *'batted away by the local authority'* as they were in the past.

(b) Recommendations to address issues surrounding the relief/prevention duty:

- The standard and extent of the new support that individuals receive under the duty in some areas has been viewed as a welcome improvement. Respondents expressed that there should be an effort to build on this, *'to try and change the mind-set and culture of some of the existing practices around intentionality for example'.*

In some local areas the *'issues of intentionality and priority need still hung over the HRA, which meant local people weren't applying it appropriately'*. The Act doesn't discriminate between intentionality/non-intentionality nor priority/non-priority. This has begun to make a difference to working cultures in certain areas. There is an opportunity to do more to promote this in some areas and to look at the issue of intentionality more generally in the future.

Additional training should be provided to housing officers working with the HRA in order to support, facilitate and promote a change to a more responsive culture that ensures people experiencing multiple disadvantage are appropriately supported and their housing needs are addressed. This will help improve the consistency with which support is provided under the HRA across local authorities.

- Some respondents stated that the process of applying for and receiving support under HRA was too complicated and time consuming, very bureaucratic and administrative, *'there are a huge amount of layers of admin before you get anything'*. This makes it particularly difficult for people facing multiple disadvantage to navigate their way around, unless someone is advocating on their behalf.

People experiencing multiple disadvantage can struggle to fill in long forms and engage for long periods of time when they find something difficult to comprehend. The HRA should allow for flexibility for some groups of people such as those experiencing multiple disadvantage and living chaotic lives, such as fast tracking processes.

- The HRA did not alter the definition or understanding of vulnerability under housing legislation. Therefore, the vulnerabilities that people experiencing multiple disadvantage confront still generally don't fall under the official definition. Numerous respondents felt this was a missed opportunity.

Allowing for certain safeguards for those falling under a broader definition of vulnerable, such as a less bureaucratic and administrative and fast tracked process, could improve the Act's impact on those experiencing multiple disadvantage. Housing legislation and policy should look to extend the definition of vulnerability so that individuals experiencing multiple disadvantage fall within its scope.

Personalised Housing Plans (Responding to question 16)

(A) Current experience across local areas

The aspect of the HRA that people were most frustrated and disappointed with was the practice and provision of personalised housing plans.

Across every area that spoke to us about PHPs (more than 20) respondents felt that they were generally extremely limited, but particularly lacking and inappropriate for people experiencing multiple disadvantage. Plans that staff had managed to access and review were seen as being anything but personal.

People experiencing multiple issues, interlinked and causal with their housing issues routinely received generic, stock plans that give no consideration or even acknowledgement of their specific issues and circumstances;

'the same plan given to someone who might have at risk of losing their housing to someone who is a long term rough sleeper who has a long history of mental health and substance misuse issues'.

'In short they are not personalised'.

'All the plans are nearly a complete copy of each other.'

One glaring example involved a person being offered accommodation under their PHP in a specific hostel which they had expressly stated they couldn't stay in as the individual's abusive past partner was staying there. Unfortunately, the local authority felt this was sufficient and they had discharged their duty.

We repeatedly heard complaints from local areas that people with chaotic lives and facing multiple issues are being given a list of local private landlords to contact as the primary part of their PHP, despite this being completely unrealistic for this group of individuals.

This group has often been marginalised and excluded from multiple services in the past, making them wary to engage with new services or offers of support. PHPs are exacerbating this issue for many, making them believe they will finally get individual support to access appropriate accommodation when in reality the duty is being discharged through a generic plan completely unsuitable to their circumstances and issues.

If PHPs are going to have a positive impact on people experiencing multiple disadvantage then our research suggests that local areas need to improve how they are producing personal housing plans.

(b) Recommendations to address issues surrounding PHPs:

- Respondents felt that one of the reasons that PHPs are often inappropriate is that staff responsible for creating them rarely know or investigate the individual's background circumstances and other issues.

In order to make PHPs more effective for people with a range of issues they should be created through a more multi-agency method. This might mean more training for individuals or having specialist multi-agency staff involved in developing PHPs when appropriate.

- If plans are to be truly personalised it is vital that they are created in partnership with the individual with the housing need. Developing them without their input increases the likelihood of plans being completely inappropriate to an individual's background and

issues. Creating plans to address complex issues like housing can only come from the people experiencing those problems.

- Local areas need to be much more transparent and forthcoming with PHPs. Local partners should be able to access them when individuals consent and potentially help shape them where appropriate. This will help build trust in the process of creating PHPs and across organisations more generally.

Duty to Refer (Responding to questions 5,6,7 and 8)

(a) Current experience across local areas

The duty to refer came up in every interview and survey response we received. People experiencing multiple disadvantage frequently interact with hospitals and wider health care services, the criminal justice system including prisons, and local job centres.

Placing a duty on the agencies set out in the legislation is seen by respondents as a positive step. However, according to respondents, the standard to which this duty is being discharged locally varies enormously.

Some prisons and hospitals are now referring this group of individuals to local authorities when they would not have done so in the past. They appreciate that the new extended relief duty, the absence of intentionality and priority, means if they refer someone with chaotic lifestyles at least they will receive some support provision, *‘that if they do refer the council at least has a duty to do something, while they may not have bothered in the past’*.

However, this is not universal. Despite having a statutory duty to refer under the legislation in several local areas we were informed that prisons and hospitals are still failing to refer *‘practically anyone at all’*, despite the high percentage of people leaving who will very quickly, if not immediately, have no accommodation upon release. People experiencing multiple disadvantage are still being released in a very concerning and dangerous way from hospitals and prisons, with no efforts to refer their housing needs to local authorities.

We were provided with one example of an individual who spent months in prison on a rehabilitation wing, improving their substance issue slowly over time. Unfortunately, they were released without accommodation without any referral being made or any other support being put in place. The person slept rough the night of their release and within a day went back to substance misuse.

Respondents felt that every time an individual facing multiple disadvantage is in contact with public services, the opportunity to make referrals needs to be used, and that there should be consistency in this across the country.

(b) Recommendations to address issues surrounding duty to refer:

- Measures should be built in to make local agencies accountable for poor referral numbers. A lack of accountability for failing to refer was seen as one of the reasons behind the widespread variance of the application of the duty. Respondents worried that over time initial enthusiasm to refer might flag, particularly if those who are supposed to refer aren't held accountable to anyone.

Numbers of referrals made by the public bodies set out in the legislation should be recorded and published locally. Although there should be local disparities it will allow people to more easily see where specific prisons and hospitals for example are struggling

to discharge their duty to refer.

- A substantial number of respondents suggested extending the duty to more health services, particularly GPs. Given their regular interaction with groups of people experiencing multiple disadvantage they might be well placed to know about those who are/at risk of becoming homeless.
- Respondents felt that the voluntary sector should be involved in referring in some form of official capacity. People who are homeless/at risk of homelessness with multiple other issues will often be in some form of contact with a voluntary sector organisation, for example substance misuse treatment, mental health support, benefit and money advice. If those agencies had something akin to a power to refer, not necessarily a duty, it could be extremely beneficial and lead to an increase in referrals.
- There needs to be improved guidance provided locally so that agencies are clear what their duties are under the Act and what constitutes those duties being appropriately discharged. There should be improved promotion of best practice of prisons, hospitals and other local agencies complying with the duty to refer. More should be done to demonstrate the benefits for these referring agencies.

MHCLG should routinely explore why local agencies are failing to adequately refer people under the duty to local authorities. This should include a regular analysis of referral numbers, discussion with the bodies named in the legislation and engagement with local support services in contact with people who are homeless/at risk of becoming homeless. This will help identify if specific groups of individuals such as those experiencing multiple disadvantage are not being referred and explore the reasons why this is happening.

Conclusion

We are keen to continue to engage with the MHCLG on the continued impact of the HRA and help facilitate further discussion with local areas, front line staff and individuals with lived experience of multiple disadvantage and homelessness.

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